

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/535004**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		22				
4		22				
5	1					
6	1					
7		2				
8		1				
9		1				
10		1				
11		1				
12		22				
13		22				
14		22				
15		22				
16		2				
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24		2				
25		1				
26	1					
27		2				
28		2				
29		2				
30		2				
31		2				
32		14				
33	1					
34		1				
35	1					
36		1				
37	1					
38	1					
39		1				
40		1				
41		2				
42		2				
43	1					
44		1				
45		1				
46	1					
47						
48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.	89					
TOTAL CLAIMS	105					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						